

Technology Request

Please complete and return this form to the Information Technology Department. Network accounts, software, and equipment will be provided when approved by the Department Head.

Employee or Intern Information: (circle which applies) Middle Initial First Name Last name Job Title Department Telephone Extension If New Employee: (Please have new employee stop to IT Dept. to obtain their City ID Badge) Start Date End Date (if Intern) Office Building ☐ Desktop ☐ Laptop A. New Equipment Requested: Other Specs Requested (optional): Other Equipment: B. Upgrade to Existing Equipment Requested: Current Desktop Current Laptop Other Describe: C. Existing Equipment Staying: Asset Tag# **Software Requested:** MUNIS (Permissions configured like:_____) Crystal Reports ☐ Microsoft Office (Word, Excel, PowerPoint, etc.) ☐ Microsoft Access ☐ Email Account Other Software: **Telephone:** ☐ Desk Telephone ☐ Employee will use existing telephone ☐ None Special Features Requested: _____ Location: _ Please note: Use the Mobile Device Request form to request smart phones, cell phones, or tablets. **Justification for Technology Request:**

Signature

Printed Name

Date

Authorization of Dept. Head: _____



City of Chicopee Information Technology Department

For Internal Use Only

Authorization -IT Dept. Head:	Signature	Printed Name	Date
Asset Tracking Information:			
☐ Employee currently in or/added to	WASP	Equipment checked out to Employee	
Computer Name:		Service Tag Number:	_
Asset Tag Number:		IP Address:	
Network Access:			
Dept. Share Drive S:		Dept. Printer:	
Dept. Share Drive ():		Dept. Printer:	
Dept. Share Drive ():	<u></u>	☐ Web Access Lvl:	_
Other requests:			
Request Completed By:		Printed Name	 Date